

Application Data Sheet

Application Information

Family Name::

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Application Number::	10/701,262
Filing Date::	11/03/03
Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CD-R?::	None
Title::	Metallic Composite Coating for Delivery of Therapeutic Agents from the Surface of Implantable Devices
Attorney Docket Number::	51298-00001
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	·
Total Drawing Sheets::	0
Small Entity::	Yes
Secrecy Order in Parent Appl.?::	No
Applicant Information	
Applicant Authority type::	Inventor
Primary Citizenship Country::	USA
Status::	Full Capacity
Given Name::	Matthew
Middle Name::	J.

Birdsall

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City of Residence:: Santa Rosa

State or Province of Residence:: CA

Country of Residence:: US

Street of mailing address:: 4012 Polled Hereford

City of mailing address:: Santa Rosa

State or Province of mailing address:: CA

Postal or Zip Code of mailing address:: 95404

Applicant Authority type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Richard

Middle Name:: L.

Family Name:: Klein

City of Residence:: Santa Rosa

State or Province of Residence:: CA

Country of Residence:: US

Street of mailing address:: 3823 Moss Hollow

City of mailing address:: Santa Rosa

State or Province of mailing address:: CA

Postal or Zip Code of mailing address:: 95404

Applicant Authority type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Nathan

Middle Name::

Family Name:: Maier

City of Residence:: Forestville

State or Province of Residence:: CA

Country of Residence:: US

Street of mailing address:: Box 1093

City of mailing address:: Forestville

State or Province of mailing address:: CA

Postal or Zip Code of mailing address:: 95436

Correspondence Information

Name:: Medlogics Device Corporation

Street of mailing address:: 3589 Westwind Blvd.

City of mailing address:: Santa Rosa

State or Province of mailing address:: CA

Postal or Zip Code of mailing address: 95403

Phone number:: 707-545-5700

Fax number:: 707-545-8450

Representative Information

Registration Number One:: 39,645 Louis C. Cullman

Registration Number Two:: 54,124 Michelle S. Glasky

Registration Number Three:: 33,330 Richard L. Klein

Registration Number Four:: 40,124 James C. Peacock III

Assignee Information

Assignee Name:: Medlogics Device Corporation

Street of mailing address:: 3589 Westwind Blvd.

City of mailing address:: Santa Rosa

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